PAGE 1 / 66

Image# 201601129004470907

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An	_				Office Use Only	
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		nple: If typir the lines.	ng, type	12FE4M5		
PATRIOTS FOR TRUM	P				<u> </u>		
_ 							
ADDRESS (number and street)	2776 S ARLINGTON N	MILL DR #806					
Check if different than previously reported. (ACC)	ARLINGTON				VA	22206	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		S	STATE A	ZIP CO	ODE A
C C00586826		3. IS THIS REPORT	~	NEW OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(C) 12-Day  PRF-Flection		Primary (12P	)	General (	(12G)	Runoff (12R)
Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Report for the	he:	Convention (	12C)	Special (	12S)	
X January 31 Year-End Report (YE)	_	Election on	M = M /	D   D /	Y   Y   Y   Y	in the State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electi  Report for tl		General (300	3)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D = D /	Y	in the State	
5. Covering Period 09		015	through	12	31/	2015	]
I certify that I have examined this	Report and to the be	est of my know	rledge and b	pelief it is true	e, correct and	complete.	
Type or Print Name of Treasurer	SCOTT B MACKENZI	E					
Signature of Treasurer SCOTT	B MACKENZIE	<u> </u>	Electronically	Filed] Da	ate 01	/ 12 /	2016
NOTE: Submission of false, erroneo	us, or incomplete infor	mation may sub	oject the pers	son signing thi	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOI Rev. 12/2	

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name PATRIOTS FOR TRUMP 09 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2015 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 131622.69 131622.69 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 131622.69 131622.69 6(a) and 6(c) for Column B)..... 130648.12 130648.12 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 974.57 974.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 100.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### PATRIOTS FOR TRUMP

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:	1			
(a) Individuals/Persons Other				
Than Political Committees	20122.22	22400.00		
(i) Itemized (use Schedule A)	22100.00	22100.00		
(ii) Unitemized	109422.69	109422.69		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	131522.69	131522.69		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	131522.69	131522.69		
Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
Tury commission	, , , , ,			
All Loans Received	100.00	100.00		
	7	7		
Loop Denouments Descived	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made				
to Federal Candidates and Other	0.00	0.00		
Political Committees	0.00	0.00		
Other Federal Receipts	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00	2.22		
(from Schedule H3)	0.00	0.00		
	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(o) Total Transition (and Tota) and Toto))	0.00	0.00		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	131622.69	131622.69		
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	131622.69	131622.69		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —  (a) Allocated Federal/Non-Federal	10.00 1 0.100	Odienda Tear to Bate		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	6172.16	6172.16		
Expenditures(c) Total Operating Expenditures	0172.10	0172.10		
(add 21(a)(i), (a)(ii), and (b))▶	6172.16	6172.16		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00			
and Other Political Committees	0.00	0.00		
Independent Expenditures	122475.96	122475.96		
(use Schedule E) Coordinated Party Expenditures		7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(400 0000000000000000000000000000000000				
Loan Repayments Made	0.00	0.00		
Ī				
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	7 7			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶	7	0.00		
Other Disbursements	2000.00	2000.00		
Cities Biobarcomente	200.00			
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	7		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	3.00			
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	100000000000000000000000000000000000000			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	130648.12	130648.12		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	130648.12	130648.12		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	131522.69	131522.69
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131522.69	131522.69
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6172.16	6172.16
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	6172.16	6172.16

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	6	OF	66
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)  MS GAIL ANDERSON 128  Mailing Address 416 UNION AVE		Date of Receipt
City	State Zip Code NY 12866	10 29 2015 Transaction ID : SA11AI.4375
SARATOGA SPRINGS  FEC ID number of contributing federal political committee.	NY 12866 C	Amount of Each Receipt this Period 400.00
Name of Employer  SELF EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation DEVELOPER  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  MR GEORGE C ANDERSON 972  Mailing Address 7420 SW LA VIEW DR		Date of Receipt
City PORTLAND FEC ID number of contributing federal political committee.	State Zip Code OR 97219	Transaction ID : SA11AI.4389  Amount of Each Receipt this Period  1000.00
Name of Employer SELF EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation BUSINESS OWNER  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  MS LYNNE ARCHER 774  Mailing Address 20 SAINT PETERS WALK  City	State Zip Code	Date of Receipt  10 12 2015  Transaction ID: SA11AI.4410
SUGAR LAND  FEC ID number of contributing federal political committee.	TX 77479	Amount of Each Receipt this Period
Name of Employer  ARCHER KIA ARCHER VOLKSWAGON  Receipt For:  Primary General  Other (specify)	Occupation SECRETARY  Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2400.00
TOTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	66
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial)  MS LYNNE ARCHER 774  Mailing Address 20 SAINT PETERS WALK		Date of Receipt
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		11 02 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.4409
SUGAR LAND	TX 77479	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
ARCHER KIA ARCHER VOLKSWAGON	SECRETARY	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  B. PURNIMA BACKLAS 770		Date of Receipt
Mailing Address 8809 BURKHART RD		M M / D D / Y Y Y Y
City	State Zip Code	10 06 2015 Transaction ID : SA11AI.4460
HOUSTON	TX 77055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. MS ALISON BARKLEY 834		Date of Receipt
Mailing Address 1892 FALL LINE DR		10 23 2015
City DRIGGS	State Zip Code ID 83422	Transaction ID : SA11AI.4512  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
LAWYER	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	-	: PAC	GE 8 (	OF 66
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<b>X</b> 11a	11b	11c	12	
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial)  MR ARTHUR W BROUGHTON 334  Mailing Address 156 GULFSTREAM DR		Date of Receipt
City TEQUESTA FEC ID number of contributing	State Zip Code FL 33469	11 03 2015  Transaction ID: SA11AI.4835  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer  NONE  Receipt For:  Primary General  Other (specify) ▼	Occupation RETIRED  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  MR DENNIS A CALVANESE 341  Mailing Address 5555 HERON POINT DR PH 1  City NAPLES  FEC ID number of contributing federal political committee.  Name of Employer NONE  Receipt For: Primary General Other (specify)	State Zip Code FL 34108  C  Occupation RETIRED  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  11 03 2015  Transaction ID: SA11AI.4947  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  MS SUE M CANNON 802  Mailing Address 6420 W LAKERIDGE RD  City LAKEWOOD  FEC ID number of contributing federal political committee.  Name of Employer  NONE  Receipt For: Primary General Other (specify)	State Zip Code CO 80227  C  Occupation RETIRED  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 28 2015  Transaction ID: SA11AI.4961  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	6250.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	9	OF	66
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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial)  MR BUDDIE E CARROLL 379  Mailing Address 9165 GREY POINTE DR		Date of Receipt
		11 03 2015
City	State Zip Code	Transaction ID : SA11AI.5013
KNOXVILLE	TN 37922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
FREIGHTLINER OF KNOXVILLE	DEALER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  MIKE COHEN 087		Date of Receipt
Mailing Address 14 OAK GLEN RD		09 22 2015
City	State Zip Code	Transaction ID : SA11AI.5138
TOMS RIVER	NJ 08753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
CWR ELECTRONICS	CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  . MS NANCY COPELAND 024		Date of Receipt
Mailing Address 10 SMITH FARM LN		10 14 2015
City LEXINGTON	State Zip Code MA 02421	Transaction ID : SA11AI.5192  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
RETIRED	NONE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1250.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial)  MR ROLAND L COVERDALE 327  Mailing Address 2480 DOUBLE TREE PL		Date of Receipt
City	State Zip Code	12 01 2015 Transaction ID : SA11AI.5251
OVIEDO	FL 32766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
RETIRED	NONE	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  MR CURTIS L DEBORD 894		Date of Receipt
Mailing Address 12301 I 80 EAST		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	11 03 2015 Transaction ID : SA11Al.5396
SPARKS	NV 89434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF EMPLOYED	Occupation ENGINEER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  . MRS LORNA M FISH 189		Date of Receipt
Mailing Address 3 E PICKERING BEND		11 03 2015
City RICHBORO	State Zip Code PA 18954	Transaction ID : SA11AI.5747  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NONE	HOMEMAKER	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1350.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any person e name and address of any political committee to			
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP				
Full Name (Last, First, Middle Initial)  MR STEFANO HANKEWYCZ 113  Mailing Address 3209 BELL BLVD		Date of Receipt		
City BAYSIDE	State Zip Code NY 11361	10 23 2015  Transaction ID : SA11AI.6138  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer  CONSTRUCTION  Receipt For:  Primary  General  Other (specify)	Occupation SELF EMPLOYED  Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial)  MR DONALD W HARRIS 904  Mailing Address 1812 NAVY ST		Date of Receipt		
City SANTA MONICA FEC ID number of contributing federal political committee.	State Zip Code CA 90405	10 14 2015  Transaction ID : SA11AI.6192  Amount of Each Receipt this Period  300.00		
Name of Employer HEALTH CARE  Receipt For:  Primary General  Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date ▼  300.00			
Full Name (Last, First, Middle Initial)  MR JOHN C HUGHES 864 JR  Mailing Address 4217 COLT DR  City  LAKE HAVASU CITY	JOHN C HUGHES 864 JR  g Address 4217 COLT DR  State Zip Code			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  1000.00		
Name of Employer  HUGHES SUPPLY CO  Receipt For:  Primary General  Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date ▼  1000.00			
SUBTOTAL of Receipts This Page (optional)	·····	1550.00		
TOTAL This Period (last page this line number	only)			

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee						
PATRIOTS FOR TRUMP							
Full Name (Last, First, Middle Initial)  MS MARY JOSEPH 894	MS MARY JOSEPH 894						
Mailing Address 12301 INTERSTATE 80	10 22 2015						
City	State Zip Code NV 89434	Transaction ID : SA11AI.6592					
SPARKS	NV 89434	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer	Occupation						
NONE	HOMEMAKER						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	500.00						
Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial)  MELVIN KAFTAN 480		Date of Receipt					
Mailing Address 29100 NORTHWESTER	M = M / D = D / Y = Y = Y						
STE 369	Ctata Zin Code	10 05 2015					
City SOUTHFIELD	State Zip Code MI 48034	Transaction ID : SA11AI.6612					
	10004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
KAFTAN ENTERPRISES	REAL ESTATE						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  C. MS SUSAN LLOYD 100		Date of Receipt					
Mailing Address 46 E 71ST ST		11 05 2015 _					
City	State Zip Code	Transaction ID : SA11AI.6976					
NEW YORK	NY 10021	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer	Occupation	-					
NONE	RETIRED						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	1000.00						
SUBTOTAL of Receipts This Page (option	al)	1750.00					
, , , , , , , , , , , , , , , , , , , ,	<u>·                                      </u>						
TOTAL This Period (last page this line nur	mber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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	and Statements may not be sold or used by any per og the name and address of any political committee	
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial) MR ARTHUR MASKALA 891  Mailing Address DO BOX 33600	Date of Receipt	
Mailing Address PO BOX 33609		11 02 2015
City	State Zip Code	Transaction ID : SA11AI.7142
LAS VEGAS	NV 89133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
RETIRED	NONE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  GLYNNE MILLER 928	1	Date of Receipt
Mailing Address 755 S EDGEVIEW CIRC	M = M / D = D / Y = Y = Y	
City	10 22 2015 Transaction ID : SA11Al.7338	
ANAHEIM HILLS	State Zip Code CA 92808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00	
Name of Employer	Occupation	+
EXCEL TIRE & WHEEL	SALES & MARKETING	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  AL MOORE 631		Date of Receipt
Mailing Address 9910 PAGE AVE		10 27 _ 2015 _
City ST LOUIS	State Zip Code MO 63132	Transaction ID : SA11AI.7409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	+
MOORE FOOD DISTRIBUTORS	FOOD SERVICE	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (options	al)	2250.00
	<u>_</u>	
TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(che	ck only	or	ne)						
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	13		14		15		16	;	17

	Statements may not be sold or used by any pers he name and address of any political committee to						
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP							
Full Name (Last, First, Middle Initial) THOMAS MUELLER 402 Mailing Address 1300 WEST MAIN STREET							
City	State Zip Code	10 09 2015 Transaction ID : SA11AI.7451					
FEC ID number of contributing	KY 40203	Amount of Each Receipt this Period 500.00					
federal political committee.  Name of Employer	Occupation						
SELF EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	CONSTRUCTION  Aggregate Year-to-Date ▼  500.00						
Full Name (Last, First, Middle Initial)  FRITZ OLIVIER 209  Mailing Address 13110 PRINCEVILLE COUF	RT	Date of Receipt					
City SILVER SPRING  FEC ID number of contributing federal political committee.	State Zip Code MD 20904	10 06 2015  Transaction ID : SA11AI.7609  Amount of Each Receipt this Period  250.00					
Name of Employer  NONE  Receipt For:  Primary General  Other (specify) ▼	Occupation RETIRED  Aggregate Year-to-Date ▼  250.00						
Full Name (Last, First, Middle Initial)  JAMES RADCLIFFE 070  Mailing Address 100 PASSAIC AVENUE  SUITE 220  City  FAIRFIELD	State Zip Code NJ 07004	Date of Receipt  09 28 2015  Transaction ID: SA11AI.7953  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer  DENTISTRY TODAY  Receipt For:  Primary General  Other (specify) ▼	Occupation PUBLISHER  Aggregate Year-to-Date ▼  250.00						
SUBTOTAL of Receipts This Page (optional)		1000.00					
TOTAL This Period (last page this line number	er only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					PAGE	1	15	OF	66
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

	g the name and address of any political committee						
PATRIOTS FOR TRUMP							
Full Name (Last, First, Middle Initial)  TIMOTHY ROTHWELL 085	TIMOTHY ROTHWELL 085						
Mailing Address 207 SANDY RIDGE-MT		10 09 2015					
City	State Zip Code	Transaction ID : SA11AI.8154					
STOCKTON	NJ 08559	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	1					
NONE	RETIRED						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	250.00						
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)  MS JANICE B RUBEL 331		Date of Receipt					
Mailing Address 2000 S BAYSHORE DR	M = M / D = D / Y = Y = Y						
APT 68	State Zin Code	12 23 2015					
City MIAMI	State Zip Code FL 33133	Transaction ID : SA11AI.8166					
	1.2 33133	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	federal political committee.						
Name of Employer	Occupation	1					
NONE	RETIRED						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial)  . MS ANGELIA L RUGNITZ 33:	3	Date of Receipt					
Mailing Address 2559 JARDIN WAY		10 16 _ 2015 _					
City	State Zip Code	Transaction ID : SA11AI.8177					
WESTON	FL 33327	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer	Occupation	-					
NONE	SELF EMPLOYED						
Receipt For:	Aggregate Year-to-Date ▼	-					
Primary General							
Other (specify) ▼	500.00						
SUBTOTAL of Receipts This Page (options	al)	1050.00					
TOTAL This Period (last page this line nur	nber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	:	PAGE	. 1	16	OF	66
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

		atements may not be sold or used by any perso name and address of any political committee to	
$\sum$	NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Α.	Full Name (Last, First, Middle Initial) ROBERT SCHWARTZ 857  Mailing Address 65293 EAST ROCKY MESA D	R	Date of Receipt
	City	State Zip Code	10 22 2015 Transaction ID : SA11AI.8312
	TUCSON	AZ 85739	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	NONE	RETIRED	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial) MR RICHARD C THORNTON 503 Mailing Address 3106 SOUTHERN HILLS DR		Date of Receipt
			10 16 2015
	City	State Zip Code	Transaction ID : SA11AI.8760
	DES MOINES	IA 50321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MARIC INC	Occupation SELF EMPLOYED	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
<del></del> с.	Full Name (Last, First, Middle Initial) MR DON WEAVER 786		Date of Receipt
	Mailing Address 125 GLENDALE RD		10 26 2015
	City	State Zip Code	Transaction ID : SA11AI.9039
	SPICEWOOD	TX 78669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	URBAN CONSTR	PRESIDENT	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1000.00	
s	UBTOTAL of Receipts This Page (optional)		1750.00
т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

1	_	LINE	_		:	PAGE	 17	OF	66
	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP		
Full Name (Last, First, Middle Initial)  MS PEGGY P WOODRUFF 303  Mailing Address 88 W PACES FERRY RD  UNIT 1540  City  ATLANTA  FEC ID number of contributing federal political committee.  Name of Employer  NONE  Receipt For:  Primary  Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code GA 30305  C  Occupation RETIRED  Aggregate Year-to-Date ▼  250.00	Date of Receipt  11 02 2015  Transaction ID: SA11AI.9228  Amount of Each Receipt this Period  250.00
Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State Zip Code  C Occupation  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line numb	per only)	22100.00

FOR LINE NUMBER: PAGE 18 OF 66 Use separate schedule(s) (check only one) for each category of the 11b 12 11a 11c Detailed Summary Page

**X** 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE Date of Receipt Mailing Address 2776 S ARLINGTON MILL DR #806 2015 09 City Zip Code State Transaction ID: SA13.4267 VA **ARLINGTON** 22206 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. PERSONAL LOAN TO OPEN ACCOUNT Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 100.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. FIRSTMERIT BANK			M M / D D / Y Y Y Y
Mailing Address 295 FIRSTMERIT CIRCLE			11 04 2015
City	State Zip Code		Transaction ID : SB21B.4195
AKRON Purpose of Disbursement	OH 44333		
SÉRVICE CHARGE		001	Amount of Each Disbursement this Period
Candidate Name PATRIOTS FOR TRUMP		Category/ Type	339.35
	ment For: Primary General Other (specify)	Турс	
Full Name (Last, First, Middle Initial)  B. FIRSTMERIT BANK			Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address 295 FIRSTMERIT CIRCLE			11 16 2015
City AKRON Purpose of Disbursement	State Zip Code OH 44333		Transaction ID : SB21B.4196
ACCOUNT ANALYSIS CHARGE		001	Amount of Each Disbursement this Period
Candidate Name PATRIOTS FOR TRUMP		Category/ Type	138.86
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. FIRSTMERIT BANK			Date of Disbursement
Mailing Address 295 FIRSTMERIT CIRCLE			12 02 2015
City AKRON	State Zip Code OH 44333		Transaction ID : SB21B.4197
Purpose of Disbursement MERCHANT SERVICE CHARGE		001	Amount of Each Disbursement this Period
Candidate Name PATRIOTS FOR TRUMP		Category/ Type	500.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only			978.21

SCHEDULE B (FEC Form 3X)	Use separate s	chedule(s)	FOR LINE I			PAGI	E 20 C	)F 66
ITEMIZED DISBURSEMENTS	for each catego Detailed Summ	ory of the	(check only 21b 27	22 28a	23 28b	24 28c	25 29	30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	io una addices of	any pomoa					00111111111	<del></del>
Full Name (Last, First, Middle Initial)				Data of	Dishuras	mont		
A. FIRSTMERIT BANK				Date of	Disburse		Y	V
Mailing Address 295 FIRSTMERIT CIRCLE				12	0		2015	
•		Code		Trans	action ID	: SB21B.41	198	
AKRON Purpose of Disbursement	OH 443:	33		mans	action ib	. 00210.41	130	
MERCHANT SERVICE CHARGE			001	Amount	of Each	Disburseme	ent this F	Period
Candidate Name		-	Category/				215	90
PATRIOTS FOR TRUMP Office Sought: House Disburser	nont For:		Туре		- 7	7	210	.50
Senate President	Primary Other (specify)	General						
State: District:								
Full Name (Last, First, Middle Initial)  B. FIRSTMERIT BANK				Date of	Disburse	ment		
Mailing Address 295 FIRSTMERIT CIRCLE				12	0	4 / Y	2015	Y
City	State Zip (	Code						
AKRON	OH 443			Trans	action ID	: SB21B.4	199	
Purpose of Disbursement MERCHANT SERVICE CHARGE			001	Amount	of Each	Disburseme	ent this F	Period
Candidate Name			Category/				114	25
PATRIOTS FOR TRUMP Office Sought: House Disbursen	and Fam.		Туре		-,	7	114	.33
Senate	Primary Other (specify)	General						
Full Name (Last, First, Middle Initial)				·	B: 1			
C. FIRSTMERIT BANK					Disburse			
Mailing Address 295 FIRSTMERIT CIRCLE				12	0		2015	Y
,	State Zip ( OH 443:	Code 33		Trans	action ID	: SB21B.42	200	
Purpose of Disbursement MERCHANT SERVICE CHARGE		Г	001	Amount	of Foob	Disburseme	ant thin F	Dariad
Candidate Name			Category/	Amount	OI Eacii	Disburseine		.86
PATRIOTS FOR TRUMP Office Sought: House Disburser			Туре				29	.00
Office Sought:    House   Disburser	Primary Other (specify)	General						
SUBTOTAL of Disbursements This Page (optional)							360.	.11
TOTAL This Period (last page this line number only)								-

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	21b	one)  22 23 24 25 26  28a 28b 28c 29 30b  on for the purpose of soliciting contributions
	sed by any perso	on for the purpose of soliciting contributions
	ical committee to	osolicit contributions from such committee.
		Data of Dishumannant
		Date of Disbursement
		12 15 2015
Zip Code 22206		Transaction ID : SB21B.4272
	001	Amount of Each Disbursement this Period
	Category/	3750.00
For: ary General er (specify)	, ,,,	
		Date of Disbursement  10 31 2015
Zin Code		, , , , , , , , , , , , , , , , , , ,
72221		Transaction ID: SB21B.4262
	001	Amount of Each Disbursement this Period
	Category/ Type	679.11
For: lary General er (specify) ▼		
		Date of Disbursement
		11 15 2015
Zip Code 72221		Transaction ID : SB21B.4263
	001	Amount of Each Disbursement this Period
	Category/ Type	30.23
For:  ary General  er (specify)		
	Zip Code 72221  Zip Code 72221  Zip Code 72221  For: ary General ar (specify)   Zip Code 72221	Zip Code 72221  Zip Code 72221  Zip Code 72221  Zip Code 72221  O01  Category/ Type  Zip Code 72221  O01  Category/ Type   Zip Code 72221  Zip Code 72221  General  Category/ Type  For: ary General  Category/ Type

## 17

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use me and address of any politica	d by any personal committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP			
Full Name (Last, First, Middle Initial)  A. RAISE THE MONEY INC			Date of Disbursement
Mailing Address PO BOX 26466			11 27 2015
City	State Zip Code		Transaction ID : SB21B.4264
LITTLE ROCK Purpose of Disbursement	AR 72221		Transaction is : 35215.4234
CREDIT CARD PROCESSING		001	Amount of Each Disbursement this Period
Candidate Name PATRIOTS FOR TRUMP		Category/	1.64
Office Sought: House Disburse Senate President	ment For:  Primary General  Other (specify)	Туре	
State: District: Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
			1.64
SUBTOTAL of Disbursements This Page (optional)		······	1.64
TOTAL This Period (last page this line number only	·)		5799.30

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 23 OF 66
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c X 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)	ic and address of any political	r committee to	Solicit contributions from Sacri committee.
PATRIOTS FOR TRUMP			
PATRIOTS FOR TRUIVIP			
Full Name (Last, First, Middle Initial)		İ	
A. WOUNDED WARRIOR PROJECT			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1120 G STREET NW			12 15 2015
SUITE 700	State Zip Code		
WASHINGTON	DC 20005		Transaction ID: SB29.4278
Purpose of Disbursement	20000		
CONTRIBUTION		012	Amount of Each Disbursement this Period
Candidate Name		Category/	
PATRIOTS FOR TRUMP		Type	2000.00
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>B.</b>			Data of Dishumannant
D.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Maining Address			
City	State Zip Code		
Purpose of Disbursement	l l		
Candidate Name			Amount of Each Disbursement this Period
Candidate Marile		Category/	
Office Sought: House Disburser	ment For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:	·		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Oity	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disburser			
Senate	Primary General		
President	Other (specify) ▼		
State: Dictrict:			
State: District:			
			2000.00
State: District:  SUBTOTAL of Disbursements This Page (optional)		······•	2000.00

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 66

FOR LINE 13 OF FORM 3X

		Detailed Sulfilliary	rage ranks to an institution
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.4267
PATRIOTS FOR TRUMP			
LOAN SOURCE Full Name (Last, First	st, Middle Initial)		Election:
SCOTT B MACKENZIE	.,		Primary
			General
Mailing Address 2776 S ARLINGTON M	III DD #806		Other (specify) ▼
2110 S ARLINGTON M	ILL DN #000		
City ARLINGTON	State VA ZI	P Code 22206	
Original Amount of Loan	Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period
100.00		0.00	100.00
100.00		0.00	100.00
TERMS			
Date Incurred	Date	Due Interes	
09 14 2015		UPON REQUEST	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	any) to Loan Source	= = :	
1. Full Name (Last, First, Middle Initia		Name of Employer	
Mailing Address		Occupation	
	715.0	Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
Oih.	710.0-1	Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	)	Name of Employer	
, , ,	•		
Mailing Address		Occupation	
		Amount	
City	ate ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
Maining / Mail 000		Cooupation	
		Amount	
City	ate ZIP Code	Guaranteed	
		Outstanding:	7
<u> </u>			
UBTOTALS This Period This Page (opti-	onal)		100.00
OTALS This Period (last page in this lin	e only)	·····	100.00
Carry outstanding balance only to LINE	3, Schedule D, for this li	ne. If no Schedule D, carr	y forward to appropriate line of Summary.

### SC ITE

CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES	PAGE 25 OF 66 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full) ATRIOTS FOR TRUMP	DENTIFICATION NUMBER ▼ C00586826

P	ATRIOTS FOR TRUMP			C C00586826
Che	eck if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on
T	Full Name of Payee AMERICAN EXPRESS [MEMO ITEM]			Date of Public Distribution/Dissemination
	Mailing Address PO BOX 650448			Amount
t	City DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4154 Date of Disbursement or Obligation
	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL	ING	Category/ Type 004	10 22 7 2015
	Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date		Support Oppose	Office Sought: House District: 00  President Senate State: IA  Disbursement For: Primary General
-	Per Election for Office Sought	7 7	15614.88	Other (specify)
	Full Name of Payee AMERICAN EXPRESS [MEMO ITEM] Mailing Address PO BOX 650448			Date of Public Distribution/Dissemination  M 10
ŀ	City	State	Zip Code	1869.56
	DALLAS	State TX	Zip Code 75265	Transaction ID : SE.4156  Date of Disbursement or Obligation
		TX	·	Transaction ID : SE.4156
-	DALLAS Purpose of Expenditure	TX	75265 Category/	Transaction ID : SE.4156  Date of Disbursement or Obligation
-	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL	TX	75265  Category/ Type  004	Transaction ID : SE.4156  Date of Disbursement or Obligation  10 22 2015
-	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL Name of Federal Candidate	TX	75265  Category/ Type 004  Support	Transaction ID : SE.4156  Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date	TX	75265  Category/ Type 004  Support Oppose 2268.60	Transaction ID: SE.4156  Date of Disbursement or Obligation  M 10
•	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought	TX LING Expenditures	75265  Category/ Type 004  Support Oppose 2268.60	Transaction ID: SE.4156  Date of Disbursement or Obligation  M 10
(	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought	TX  LING  Expenditures	75265  Category/ Type 004  Support Oppose 2268.60	Transaction ID: SE.4156 Date of Disbursement or Obligation  M 10
( (	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures	Expenditures independent expenditures any candidate or authorized	75265  Category/ Type 004  Support Oppose 2268.60	Transaction ID: SE.4156 Date of Disbursement or Obligation  M 10
( 	Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAIL  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures  Juder penalty of perjury I certify that the vith, or at the request or suggestion of, an	Expenditures independent expenditures ny candidate or authorized ttee or its agent.	75265  Category/ Type 004  Support Oppose 2268.60	Transaction ID: SE.4156 Date of Disbursement or Obligation    M

## SCHEDULE E (FEC Form 3X)

EMIZED INDEPENDENT EXPENDITURES	PAGE 26 OF 66
IAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed on	- M / D - D / Y - Y - Y - Y
	of Public Distribution/Dissemination
AMERICAN EXPRESS	10 13 2015
Mailing Address PO BOX 650448 Amou	nt
City State Zip Code	1869.56
	ction ID : SE.4230 of Disbursement or Obligation
Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAILING  Category/ Type  004	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	nt: House District: 00
DONALD J TRUMP Oppose Preside	ent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2016	of For:
	of Public Distribution/Dissemination
AMERICAN EXPRESS	10 13 2015
Mailing Address PO BOX 650448	
Amou	ınt
City State Zip Code	1869.56
DALLAG IX 10200	of Disbursement or Obligation
Purpose of Expenditure POSTAGE FOR VOTER CONTACT MAILING  Category/ Type  004	10 22 2015
Name of Federal Candidate Support Office Sough	nt: House District: 00
DONALD J TRUMP Oppose Presid	ent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2016	
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3739.12
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	•
SCOTT B MACKENZIE  [Electronically Filed]  Date 01	12 2016
Signature Date U1	.2 2010

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	27	OF	66		
FOR L	INE 24	OF F	ORM	ЗХ	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee AMERICAN EXPRESS	Date of Public Distribution/Dissemination
Mailing Address	09 / 29 / 2015
PO BOX 030440	Amount
City State Zip Code	229.45
	ransaction ID : SE.4226 Date of Disbursement or Obligation
Purpose of Expenditure TELETOWN HALL ROOM, MEAL & MILEAGE  Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office 9	Sought: House District: 00
DONALD J TRUMP Oppose X F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For: Primary General
	Other (specify)
Full Name of Payee AMERICAN EXPRESS	Date of Public Distribution/Dissemination
Mailing Address PO BOX 650448	09 29 2015 Amount
City State Zip Code	229.46
5/122/10	ransaction ID : SE.4227 Date of Disbursement or Obligation
Purpose of Expenditure TELETOWN HALL ROOM, MEAL & MILEAGE Category/ Type 004	11 03 2015
Name of Federal Candidate Support Office	Sought: House District: 00
DONALD LITRUMB	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	458.91
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
SCOTT B MACKENZIE  [Electronically Filed]  Date  O1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

### **SCHEDULE** ITEMIZED INDE

E (FEC Form 3X) EPENDENT EXPENDITURES	PAGE 28 FOR LINE 2	OF 4 OF FO	66 DRM 3X	
TTEE (In Full) FOR TRUMP	DENTIFICATION C00586826	N NUM	BER ▼	

NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
PATRIOTS FOR TRUMP	C C00586826					
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay					
Full Name of Payee	Date of Public Distribution/Dissemination					
CAMPAIGN COMMUNICATIONS LLC [MEMO ITEM]	10 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 191 MAIN STREET						
131 WARE CIRCLE	Amount					
City State Zip Code	5000.00					
ANNAPOLIS MD 21401	Transaction ID : SE.4136  Date of Disbursement or Obligation					
Purpose of Expenditure VOTER CONTACT eMAILS  Category/ Type 004	10 05 7 2015					
Name of Federal Candidate Support Office	ce Sought: House District: 00					
DONALD LIDING	President Senate State: IA					
Odioridal Todi To Bato	bursement For: X Primary General					
Per Election for Office Sought 0.00 201	Other (specify)					
Full Name of Payee	Date of Public Distribution/Dissemination					
CAMPAIGN COMMUNICATIONS LLC	10 05 / Y Y Y Y Y Y					
[MEMO ITEM] Mailing Address 404 MAIN STREET	10 05 2015					
191 MAIN STREET	Amount					
City State Zip Code	5000.00					
ANNAPOLIS MD 21401	Transaction ID : SE.4137  Date of Disbursement or Obligation					
Purpose of Expenditure  Category/	M M / D D / Y Y Y					
VOTER CONTACT eMAILS  Outgot y  Type  004	10 05 2015					
Name of Federal Candidate Support Office	ce Sought: House District: 00					
DONALD LIBUMD	President Senate State: NH					
	bursement For: X Primary General					
Calendar Year-To-Date Per Election for Office Sought  Disl 201	l6					
	Other (specify)					
( ) 01157571 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
(a) SUBTOTAL of Itemized Independent Expenditures	0.00					
(h) CUDTOTAL of Uniterpized Independent Evgenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7					
(c) TOTAL Independent Expenditures						
(c) TOTAL Independent Experiorations	7 7 7					
Under penalty of periury I certify that the independent expenditures reported herein were not n	nade in cooperation consultation or coopert					
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE  [Electronically Filed]  Date	01 12 2016					
Signature	بنتيا بيا ب					

SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3)	()		
ITEMIZED INDEPENDENT EXPEND	ITURES		PAGE 29 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			
PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼
			C C00586826
Check if 24-hour report 48-hour r	eport New rep	ort Amends repo	ort filed on
Full Name of Payee CAMPAIGN COMMUNICATION	S LLC		Date of Public Distribution/Dissemination
Mailing Address			10 05 2015
191 MAIN STREET			Amount
City	State	Zip Code	2150.00
ANNAPOLIS	MD	21401	Transaction ID : SE.4236  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type 004	12 10 2015
Name of Federal Candidate		Support	Office Sought: House District: 00
DONALD J TRUMP		Oppose	President Senate State: NH
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought		39629.02	2016
Full Name of Payee			Date of Public Distribution/Dissemination
CAMPAIGN COMMUNICATI	ONS LLC		10 05 2015
Mailing Address 191 MAIN STREET			Amount
City	State	Zip Code	2150.00
ANNAPOLIS	MD	21401	Transaction ID : SE.4241  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT eMAILS		Category/	M = M / D = D / Y = Y = Y
		Type 004	12 10 2015
Name of Federal Candidate		X Support	Office Sought: House District:00
DONALD J TRUMP		Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		82846.94	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
			Guiei (specify) -
(a) SUBTOTAL of Itemized Independent I	Expenditures		4300.00
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		
(c) TOTAL Independent Expenditures			·
. , , , , ,	ny candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

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Date

SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3X)					
ITEMIZED INDEPENDENT EXPENDITURES				PAGE 30 FOR LINE 2	OF 66 4 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION	N NUMBER ▼
PATRIOTS FOR TRUMP			C	C00586826	
Check if 24-hour report 48-hour report	New report Amend	ds report filed o	on Man	/ D   D /	Y = Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/l	Dissemination
CONSERVATIVE CONNECTOR LLC			M M	/ D D /	Y Y Y Y
[MEMO ITEM] Mailing Address			10	09	2015
435 E MAIN ST			Amount		
SUITE 250 City Sta	te Zip Code				183.80
GREENWOOD IN	46143		ransaction I Date of Disb	D: SE.4145 oursement or O	
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type	004	10	16	2015
Name of Federal Candidate	X Sup	port Office	Sought:	House [	District: 00
DONALD J TRUMP	Орр	oose X I	President	Senate	State:IA
Calendar Year-To-Date Per Election for Office Sought	13346.26	Disburs 2016	sement For: Other (s	Primary pecify) ▶	General
Full Name of Payee			Date of Pub	lic Distribution/	Dissemination
CONSERVATIVE CONNECTOR LLC  [MEMO ITEM]			10	09	2015
Mailing Address 435 E MAIN ST			Amount		
SUITE 250 City Sta	te Zip Code				183.79
GREENWOOD IN	·	Т	Fransaction I	D: SE.4146 oursement or C	
Purpose of Expenditure eMAIL VOTER CONTACT	Category/ Type	004	10	16	2015
Name of Federal Candidate	X Sup	port Office	Sought:	House	District: 00
DONALD J TRUMP			President	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought	0.00		sement For:	> Primary	General
7	,	_	Other (s	specify)	
(a) SUBTOTAL of Itemized Independent Expenditures					0.00
			7	7	
(b) SUBTOTAL of Unitemized Independent Expenditures		······		4	
(c) TOTAL Independent Expenditures		······		7	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or a				

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Date

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	31	OF	66 ORM 3X
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24 OF FORM 3X
	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
PAI	RIOTS FOR TRUMP			C C00586826
Check	if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	I Name of Payee ONSERVATIVE CONNECTOR LLC		Date	e of Public Distribution/Dissemination
Ма	iling Address 435 E MAIN ST		Amo	10 09 2015
	SUITE 250			
Cit		Zip Code		183.80
GF	REENWOOD IN	46143		saction ID : SE.4234 e of Disbursement or Obligation
	rpose of Expenditure  MAIL VOTER CONTACT	Category/ Type 004		10 16 / Y Y Y Y Y
Na	me of Federal Candidate	X Support	Office Sou	ght: House District: 00
DC	DNALD J TRUMP	Oppose	X Presi	
	Calendar Year-To-Date Per Election for Office Sought	13530.06	Disburseme	
┢				Other (specify) -
	II Name of Payee CONSERVATIVE CONNECTOR LLC		Date	e of Public Distribution/Dissemination  10 09 2015
Ma	ailing Address 435 E MAIN ST		Ame	ount
	SUITE 250			
Cit	y State	Zip Code		183.79
G	REENWOOD IN	46143		saction ID : SE.4235 e of Disbursement or Obligation
	rpose of Expenditure MAIL VOTER CONTACT	Category/ Type 004		10 16 7 2015
Na	me of Federal Candidate	Support	Office Sou	ght: House District:00
D	ONALD J TRUMP	Oppose	X Pres	
	Calendar Year-To-Date Per Election for Office Sought	183.79	Disbursem 2016	
(a)	SUBTOTAL of Itemized Independent Expenditures		· [	367.59
(b)	SUBTOTAL of Unitemized Independent Expenditures		•	7 7 7
(c)	TOTAL Independent Expenditures		•	7 7
with	er penalty of perjury I certify that the independent expenditures, or at the request or suggestion of, any candidate or authorized y committee) any political party committee or its agent.			
_		ically Filed] Date	M M M 01	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9	Signature			

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	32 LINE 24	OF	66
FOR	LINE 24	OF FO	DRM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
ELEVENTY MARKETING GROUP LLC  [MEMO ITEM]	09 22 7 2015
Mailing Address 453 S HIGH ST	Amount
SUITE 101	
City State Zip Code AKRON OH 44311	Transaction ID : SE.4104  Date of Disbursement or Obligation
Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type 004	10 21 2015
Name of Federal Candidate Support	Office Sought: House District:00
DONALD J TRUMP Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  13530.06	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee ELEVENTY MARKETING GROUP LLC [MEMO ITEM] Mailing Address 453 S HIGH ST	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUITE 101	
City State Zip Code  AKRON OH 44311	Transaction ID : SE.4107
Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type  004	Date of Disbursement or Obligation  10  21  21  2015
Name of Federal Candidate Support	Office Sought: House District:00
DONALD J TRUMP Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date	01 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES						
	EMIZED INDEPENDENT EXPENDITURES					PAGE 33 FOR LINE 24	OF 66 FORM 3X
	AME OF COMMITTEE (In Full)				FEC I	DENTIFICATIO	N NUMBER ▼
F	PATRIOTS FOR TRUMP				С	C00586826	
С	heck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y
	Full Name of Payee			Date	of Publ	ic Distribution/D	Dissemination
	ELEVENTY MARKETING GROUP LLC				09	/ 22 /	2015
	Mailing Address 453 S HIGH ST			Amou	unt		
	SUITE 101						
	City	State OH	Zip Code 44311	Tropos	otion II	D : SE.4224	500.00
	AKRON		44311			ursement or Ob	oligation
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		10 <sup>M</sup>	21	2015
	Name of Federal Candidate		X Support	Office Sough	nt:	House D	District:00
	DONALD J TRUMP		Oppose	X Presid	lent	Senate	State:IA
	Calendar Year-To-Date Per Election for Office Sought		14030.06	Disbursemer		Primary	General
	5 11 11 15	, ,				pecify)	
	Full Name of Payee  ELEVENTY MARKETING GROUP LL	_C			of Publ	ic Distribution/E	Dissemination
					09	22	2015
	Mailing Address 453 S HIGH ST			Amo	unt		
	SUITE 101	State	Zin Codo		-		500.00
	City AKRON	OH	Zip Code 44311			D: SE.4225 oursement or O	
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		10	/ 21 /	2015
	Name of Federal Candidate		Support	Office Soug	ht:	House [	District:00
	DONALD J TRUMP		Oppose	X Presid	dent	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought		683.79	Disburseme 2016		Primary	General
					outer (s	pecify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	\$		• •	-	-	1000.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •			
	(c) TOTAL Independent Expenditures			• [			
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
	SCOTT B MACKENZIE			M M /	D D	/ * * * *	Y

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Date

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITUR	ES				PAGE 34	OF 66
NI	AME OF COMMITTEE (In Full)						4 OF FORM 3X
	PATRIOTS FOR TRUMP					DENTIFICATIO	N NUMBER ▼
					C	C00586826	
Cł	neck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M	/ D D /	Y
	Full Name of Payee IMAGINE IT DESIGN LLC			Da	te of Publ	ic Distribution/E	Dissemination 2015
	Mailing Address 100 TEAL LANE #34			An	nount	0.5	2010
	City	State	Zip Code	— г			1375.00
	LAFAYETTE	LA	70507			D: SE.4237 oursement or Ol	
	Purpose of Expenditure CREATIVE		Category/ Type 004		M M 11	16	2015
	Name of Federal Candidate		X Support	Office So	ught:	House [	District: 00
	DONALD J TRUMP		Oppose	X Pre	sident	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought	7 1 7	32300.97	Disbursen 2016	1	Primary pecify) ▶	General
	Full Name of Payee			Da	ite of Pub	lic Distribution/[	Dissemination
	IMAGINE IT DESIGN LLC				10	05	2015
	Mailing Address 100 TEAL LANE #34			An	nount		
	City	State	Zip Code				1375.00
	LAFAYETTE	LA	70507			D: SE.4242 oursement or O	bligation
	Purpose of Expenditure CREATIVE		Category/ Type 004		11	16	2015
	Name of Federal Candidate		X Support	Office So	ught:	House [	District:00
	DONALD J TRUMP		Oppose	X Pre	sident	Senate	State:IA
	Calendar Year-To-Date Per Election for Office Sought	17117	75518.88	Disburser 2016	7	Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expend	litures		•			2750.00
	(b) SUBTOTAL of Unitemized Independent Expe	enditures					
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	SCOTT B MACKENZIE			M	/ D - T		Y

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Date

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ED INDEPENDENT EXPENDITURES	PAGE	35	OF	66	
	FOR LI	NE 24	OF FC	DRM 3X	

NAME OF COMMITTEE (In Full)  PATRIOTS FOR TRUMP  FEC IDENTIFICATION NUMBER ▼						
<i></i>	ATRIOTS FOR TRUMP		C C00586826			
Check if 24-hour report 48-hour report New report Amends report filed on						
1	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination			
	[MEMO ITEM]	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 325 SPRINGSIDE DRIVE	Address 325 SPRINGSIDE DRIVE				
ŀ	City State	Zip Code	43217.87			
	AKRON OH	44333	Transaction ID : SE.4118  Date of Disbursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL DAYS	Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ı	Name of Federal Candidate	Support	Office Sought: House District: 00			
	DONALD J TRUMP	Oppose	President Senate State: IA			
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For:			
ŀ	Full Name of Payee		Date of Public Distribution/Dissemination			
	INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissernination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ľ	Mailing Address 325 SPRINGSIDE DRIVE		Amount			
-	City.	7:- Code	13346.26			
	City State AKRON OH	Zip Code 44333	Transaction ID : SE.4201			
ŀ	Purpose of Expenditure	Category/	Date of Disbursement or Obligation			
	VOTER CONTACT CALLS	Type 004	10 14 2015			
ŀ	Name of Federal Candidate	Support	Office Sought: House District: 00			
1	DONALD J TRUMP	Oppose	President Senate State: IA			
	Calendar Year-To-Date Per Election for Office Sought	13346.26	Disbursement For: Primary General			
_			Other (specify) -			
(	a) SUBTOTAL of Itemized Independent Expenditures		13346.26			
(b) SUBTOTAL of Unitemized Independent Expenditures						
(	c) TOTAL Independent Expenditures					
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	SCOTT B MACKENZIE  [Electronically Filed] Date 01 12 2016					
	Signature	_				

Signature

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURE	S		PAGE 36 OF 66 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
PATRIOTS FOR TRUMP	C C00586826				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on		
Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination		
			09 / 24 / 2015		
Mailing Address 325 SPRINGSIDE DRIVE			Amount		
City	State	Zip Code	29871.61		
AKRON	ОН	44333	Transaction ID : SE.4203  Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	10 28 / 2015		
Name of Federal Candidate		Support	Office Sought: House District: 00		
DONALD J TRUMP		Oppose	Notice State:   IA   Senate   State:   IA		
Calendar Year-To-Date Per Election for Office Sought		48633.49	Disbursement For: X Primary General 2016 Other (specify) ▶		
[MEMO ITEM]  Mailing Address 325 SPRINGSIDE DRIVE  City  AKRON	State OH	Zip Code 44333	Amount  26033.67  Transaction ID : SE.4163  Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL WI	KS	Category/ Type 004	10 30 2015		
Name of Federal Candidate		Support	Office Sought: House District: 00		
DONALD J TRUMP		Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		49564.46	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditu	ures		> 29871.61		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE	[Electro	onically Filed] Date	of 12 2016		

### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4163

The original estimate of \$100,000 was reduced to \$26,033.67 as a result of the program being discontinued. The IE was paid in several installments: \$8,475.13 on 10/30; \$641.18 on 11/04; \$12,781.54 on 11/06 (this payment to IMC includes reimbursement for their payment of \$3,944.13 directly to TeleTown Hall for the 9/29 event); \$302.49 on 11/20; and \$833.32 on 12/03/2015. List costs of \$3,000 billable to this program were paid directly to L2 Political Data

by the committee.

PAGE 38 OF 66 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00586826
M / D D / Y Y Y Y Y
f Public Distribution/Dissemination
10 19 / 2015
t
26033.66
tion ID : SE.4164 f Disbursement or Obligation
10 30 / 2015
: House District:00
nt Senate State: NH
For: X Primary General
her (specify)
f Public Distribution/Dissemination
10 19 / 2015
nt
8475.13 ction ID : SE.4205 f Disbursement or Obligation
10 30 2015
: House District:00
nt Senate State: IA
For: Primary General
her (specify) ▶

				TOTT LINE 24 OF TOTHW 5X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP				C C00586826
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP  [MEMO ITEM]  Mailing Address				10 / 19 / 2015
Mailing Address 325 SPRINGSIDE DRIVE				Amount
City	State	Zip Code		26033.66
AKRON	ОН	44333		Transaction ID : SE.4164  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SERVERAL WKS		Category/ Type 004		10 30 / 2015
Name of Federal Candidate		Support	Office	Sought: House District: 00
DONALD J TRUMP		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		6346.56	Disbu 2016	orsement For: Primary General
Full Name of Day				Other (specify)
Full Name of Payee INFOCISION MANAGEMENT CORP				Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE				10 19 2015 Amount
				· ······
City	State	Zip Code		8475.13
7	ОН	44333		Transaction ID : SE.4205  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS	_	Category/ Type 004	$\exists \mid$	10 30 / 2015
Name of Federal Candidate		Support	Office	e Sought: House District:00
DONALD J TRUMP		Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		58039.59	Disbu 2016	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditures			. •	8475.13
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			·· <b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized	•		· · · · · · · · · · · · · · · · · · ·
SCOTT B MACKENZIE	[Electroni	ically Filed]	M 01	1 12 2016
Signature		Date Date	, ,	

### : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE Transaction ID: SE.4164

The original estimate of \$100,000 was reduced to \$26,033.66 as a result of the program being discontinued. The IE was paid in several installments: \$8,475.13 on 10/30; \$641.18 on 11/04; \$12,781.54 on 11/06 (this payment to IMC includes reimbursement for their payment of \$3,944.13 directly to TeleTown Hall for the 9/29 event); \$302.49 on 11/20; and \$833.32 on 12/03/2015. List costs of \$3,000 billable to this program were paid directly to L2 Political Data

by the committee.

PAGE 40 OF 66 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00586826
M / D D / Y Y Y Y Y
Public Distribution/Dissemination
19 / 2015
8475.13 on ID : SE.4206 Disbursement or Obligation
30 / 2015
House District: 00
Senate State: NH
or: X Primary General

NAME OF COMMITTEE (In Full)				FEC II	DENTIFICAT	ION NUMBER ▼
PATRIOTS FOR TRUMP				С	C00586826	
Check if 24-hour report 48-hour	report New rep	ort Amends repo	rt filed on	M = M	/ D D /	Y = Y = Y = Y
Full Name of Payee	2000		Dat	e of Publi	c Distributior	n/Dissemination
INFOCISION MANAGEMENT (	CORP			10	/ 19 /	2015
Mailing Address 325 SPRINGSIDE DR	VE		Am	ount		
City	State	Zip Code				8475.13
AKRON	ОН	44333			D: SE.4206 ursement or	Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		10 M	30	2015
Name of Federal Candidate		Support	Office Sou	ght:	House	District:00
DONALD J TRUMP		Oppose	X Pres	ident	Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought		14821.69	Disbursem 2016		Primar	y General
Full Name of Payee			Dot			n/Dissemination
INFOCISION MANAGEMEN	IT CORP		Dat	M M M 10	/ DISTRIBUTION	2015
Mailing Address 325 SPRINGSIDE DR	VE		Am	ount		
City	State	Zip Code	<u> —</u> г	•		641.19
AKRON	ОН	44333			D: SE.4207 ursement or	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M M	04	2015
Name of Federal Candidate		Support	Office Sou	aht:	House	District: 00
DONALD J TRUMP		Oppose		sident	Senate	State: IA
Calendar Year-To-Date Per Election for Office Sought		58910.23		ent For:	Primar	
1 of Election for Children Cought	<u> </u>			Other (sp	pecify)	
(a) SUBTOTAL of Itemized Independent	Expenditures					9116.32
(b) SUBTOTAL of Unitemized Independent	ent Expenditures					
(c) TOTAL Independent Expenditures					1 1 4	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized					
SCOTT B MACKENZIE	[Electron	nically Filed] Date	M M M	/ 12	/ Y Y Y 20	16
Signature						

SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3			
ITEMIZED INDEPENDENT EXPENI	DITURES		PAGE 41 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP			
			C C00586826
Check if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on//
Full Name of Payee INFOCISION MANAGEMENT (	CORP		Date of Public Distribution/Dissemination
Mailing Address			10 19 2015
325 SPRINGSIDE DRI	VE		Amount
City	State	Zip Code	641.18
AKRON	ОН	44333	Transaction ID : SE.4208  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	11 04 2015
Name of Federal Candidate		X Support	Office Sought: House District:00
DONALD J TRUMP		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		15692.33	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
INFOCISION MANAGEMEN	IT CORP		10 19 2015
Mailing Address 325 SPRINGSIDE DR	VE		Amount
City	State	Zip Code	12781.55
AKRON	ОН	44333	Transaction ID : SE.4209  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	11 06 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
DONALD J TRUMP		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		71691.78	Disbursement For:
(a) SUBTOTAL of Itemized Independent	Expenditures		13422.73
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. •
(c) TOTAL Independent Expenditures			<b>•</b>
. , , , , ,	any candidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

2016

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PAGE	42	OF	66 DRM 3X
FOR L	INE 24	OF FO	DRM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	10 19 7 2015
Mailing Address 325 SPRINGSIDE DRIVE	Amount
City State Zip Code	12781.54
AKRON OH 44333	Transaction ID : SE.4210  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS  Category/ Type  004	11 06 / 2015
Name of Federal Candidate Support Office	e Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbrace 28473.87	ursement For:
Full Name of Payer	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination  10 19 2015
Mailing Address 325 SPRINGSIDE DRIVE	Amount
City State Zip Code	302.49
AKRON OH 44333	Transaction ID : SE.4211  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS  Category/ Type 004	11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
DONALD LEDUMD	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: X Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	13084.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
SCOTT B MACKENZIE  [Electronically Filed] Date	11 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Signature

TEMIZED INDEPENDENT EXPENDITURES		PAGE 43 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP		C C00586826
Check if 24-hour report 48-hour report New report		M M / D D / Y Y Y Y
Full Name of Payee	Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP		10 19 2015
Mailing Address 325 SPRINGSIDE DRIVE	Amou	
City State	Zip Code	302.49
AKRON OH	44333 <b>Transa</b>	action ID : SE.4212 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	11 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	ht: House District:00
DONALD J TRUMP	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2016	
INFOCISION MANAGEMENT CORP  Mailing Address  325 SPRINGSIDE DRIVE  City State  AKRON OH  Purpose of Expenditure  VOTER CONTACT CALLS  Name of Federal Candidate  DONALD J TRUMP  Calendar Year-To-Date  Per Election for Office Sought	Zip Code 44333  Category/ Type  Out  Support Oppose  Presid  Disbursemet 2016	action ID : SE.4213 of Disbursement or Obligation  M 12
(a) SUBTOTAL of Itemized Independent Expenditures		Other (specify) ►
(b) SUBTOTAL of Unitemized Independent Expenditures	· L.	110.01
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electroni	ically Filed]	12 2016

PAGE	44	OF	66 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address	10 19 / Y Y Y Y Y
325 SPRINGSIDE DRIVE	Amount
City State Zip Code	833.31
AKRON OH 44333	Transaction ID : SE.4214  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS  Category/ Type  004	12 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 34479.02	Disbursement For: Primary General
Per Election for Office Sought 34479.02	Other (specify)
Full Name of Payee INTEGRAM	Date of Public Distribution/Dissemination
[MEMO ITEM] Mailing Address	10 13 2015
22695 COMMERCE CENTER CT	Amount
City State Zip Code	1952.10
DULLES VA 20166	Transaction ID : SE.4153  Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAILING  Category/ Type 004	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 58910.23	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	833.31
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
SCOTT B MACKENZIE  [Electronically Filed] Date	01 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3)				_		
1	EMIZED INDEPENDENT EXPEND	JITURES				PAGE 45 FOR LINE 24	OF 66 4 OF FORM 3X
N	AME OF COMMITTEE (In Full)				FEC IDE	ENTIFICATIO	N NUMBER ▼
F	PATRIOTS FOR TRUMP					00586826	
Cl	neck if 24-hour report 48-hour	report New report	ort Amends repo	ort filed on	/ M /	D = D /	Y Y Y Y Y
	Full Name of Payee INTEGRAM [MEMO ITEM]				of Public	Distribution/E	Dissemination 2015
	Mailing Address 22695 COMMERCE CE	ENTER CT		Amou	ınt		
	City DULLES	State VA	Zip Code 20166		action ID :	: <b>SE.4155</b> sement or Ol	1952.10 bligation
	Purpose of Expenditure VOTER CONTACT MAILING		Category/ Type 004		11 /	06	2015
	Name of Federal Candidate		Support	Office Sough	nt:	House D	District: 00
	DONALD J TRUMP		Oppose	X Presid	ent	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought		15692.33	Disbursemer 2016	nt For:	Primary	General
	Full Name of Payee INTEGRAM  Mailing Address 22695 COMMERCE CE	ENTER CT			10	Distribution/I	Dissemination 2015
	City	State	Zip Code				1952.10
	DULLES	VA	20166			: SE.4232 sement or O	bligation
	Purpose of Expenditure VOTER CONTACT MAILING		Category/ Type 004		11 /	06	2015
	Name of Federal Candidate		Support	Office Sough	ht:	House [	District: 00
	DONALD J TRUMP		Oppose	X Presid	lent	Senate	State:IA
	Calendar Year-To-Date Per Election for Office Sought		73643.88	Disbursemer 2016	nt For: [ Other (spe	Primary ecify) ▶	General
	<ul><li>(a) SUBTOTAL of Itemized Independent</li><li>(b) SUBTOTAL of Unitemized Independent</li></ul>	·			7		1952.10
	(b) GGD 10 MLZ of Officering and openide	nc Experiencies illiminis		•	7	7	
	(c) TOTAL Independent Expenditures			· -	-7-		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					

[Electronically Filed]

2016

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TE	EMIZED INDEPENDENT EXPENDITURES		PAGE 46 OF 66 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۲.	PATRIOTS FOR TRUMP		C C00586826
	neck if 24-hour report 48-hour report New report	port Amends repo	ort filed on Man / Dad / Yayayay
٦	Full Name of Payee INTEGRAM		Date of Public Distribution/Dissemination
	Mailing Address		10 13 / 2015
	22695 COMMERCE CENTER CT		Amount
	City State	Zip Code	1952.10
	DULLES VA	20166	Transaction ID : SE.4233  Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT MAILING	Category/ Type 004	11 / 06 / 2015
	Name of Federal Candidate	X Support	Office Sought: House District: 00
	DONALD J TRUMP	Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought	30425.97	Disbursement For:
	Full Name of Payee		Date of Public Distribution/Dissemination
	L2 POLITICAL DATA		10 19 2015
	Mailing Address 2500 - 116TH AVE NE		Amount
	City State	Zip Code	3000.00
	BELLEVUE WA	98004	Transaction ID : SE.4222
	Purpose of Expenditure	Catagory/	Date of Disbursement or Obligation
	LIST COSTS FOR IMC VOTER CONTACT PROGRAM	Category/ Type 004	12 09 2015
	Name of Federal Candidate	X Support	Office Sought: House District: 00
	DONALD J TRUMP	Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought	80696.94	Disbursement For: Primary General 2016
_			Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		. • 4952.10
(	(b) SUBTOTAL of Unitemized Independent Expenditures		
	( ) ———————————————————————————————————		
•	(c) TOTAL Independent Expenditures		
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electroni	nically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	Date	12 2510

TEMIZED INDEPENDENT EXPE	NDITURES			PAGE 47 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP				C C00586826
Check if 24-hour report 48-ho	our report New repo	port Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
L2 POLITICAL DATA			IV	10 19 2015
Mailing Address 2500 - 116TH AVE	NE		Amou	
City	State	Zip Code	— [	3000.00
BELLEVUE	WA	98004		action ID : SE.4223 of Disbursement or Obligation
Purpose of Expenditure LIST COSTS FOR IMC VOTER CON	TACT PROGRAM	Category/ Type 004		12 09 / 2015
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
DONALD J TRUMP		Oppose	X Preside	
Calendar Year-To-Date			Disbursemen	
Per Election for Office Sought		37479.02	2016	Other (specify)
Full Name of Payee				of Public Distribution/Dissemination
MARGUERITE LUKSIK, P	'HD			M M / D D / Y Y Y Y
Mailing Address			— L	09 29 2015
206 HABICHT STRI	<u>∃ET</u>		Amou	unt
City	State	Zip Code	<u> </u>	500.00
JOHNSTOWN	PA	15906		action ID : SE.4219 of Disbursement or Obligation
Purpose of Expenditure GUEST SPEAKER FOR 9/29 TELET	OWN HALL EVENT	Category/ Type 004		11 10 / 2015
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
DONALD J TRUMP		Oppose	X Presid	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought		74143.88	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent	ent Expenditures		· •	3500.00
	–			
(b) SUBTOTAL of Unitemized Indepen	ident Expenditures		· •	7 7 7
(c) TOTAL Independent Expenditures.				
			•	7 7 7
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorized			
SCOTT B MACKENZIE	[Electron	nically Filed] Date	01	12 2016
Signature		_ b bale	,	.2

Date of Public Distribution/Dissemination  M M / D D / 2015  Amount  500.00  ansaction ID: SE.4220 Date of Disbursement or Obligation  M M M / D D / 2015  Gought: House District: 00  resident Senate State: NH  ement For: X Primary General  Other (specify)   Oate of Public Distribution/Dissemination  M M M / D D / 27 / 2015  Amount  2058.41  ansaction ID: SE.4181  Date of Disbursement or Obligation  M M M M / D D / 2015  Amount  Cought: House District: 00  House District: 00				
FEC IDENTIFICATION NUMBER  C C00586826  C C0				
C C00586826  Date of Public Distribution/Dissemination  M M M / P 29 / 2015  Amount  500.00  Consaction ID : SE.4220  Coate of Disbursement or Obligation  M M M / P 10 / 2015  Cought: House District: 00  Cresident Senate State: NH  Cement For: Primary General  Other (specify) P  Coate of Public Distribution/Dissemination  M M M / P 27 / 2015  Cought: House District: 00  Coate of Disbursement or Obligation  M M M / P 26 / 2015  Cought: House District: 00  Cresident Senate State: IA  Cought: Primary General  Other (specify) P  Cought: General  Other (specify) P  Cought: General  Other (specify) P  Cought: General	FEC			-
Date of Public Distribution/Dissemination  M M M / P 29 / 2015  Amount  500.00  ansaction ID: SE.4220 Date of Disbursement or Obligation  M M M / P 10 / 2015  Gought: House District: 00 NH  resident Senate State: NH  Date of Public Distribution/Dissemination  M M M / P 27 / 2015  Amount  2058.41  Date of Disbursement or Obligation  M M M / P 26 / 2015  Gought: House District: 00  resident Senate State: IA  consecution ID: SE.4181  Date of Disbursement or Obligation  M M M / P 26 / 2015  Gought: House District: 00  resident Senate State: IA  ement For: Primary General  Other (specify)	С			
Amount  500.00  ansaction ID: SE.4220 Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	n	/ D = D	/ Y Y Y Y	Y
Amount  500.00  Coate of Disbursement or Obligation  Manuel Manue	Date of Pu	ıblic Distributio	n/Dissemination	n
ansaction ID: SE.4220 Date of Disbursement or Obligation  M				Y
ansaction ID: SE.4220 Date of Disbursement or Obligation  M 11	Amount			
ansaction ID: SE.4220 Date of Disbursement or Obligation  M			500.00	П
The sought:  House District:  00		ID : SE.4220		
resident Senate State: NH  Perment For: Primary General  Other (specify)   Date of Public Distribution/Dissemination  M M M / 27 2015  Amount  2058.41  Pansaction ID: SE.4181  Date of Disbursement or Obligation  M M M / 26 2015  Sought: House District: 00  resident Senate State: IA  Perment For: Primary General  Other (specify)   500.00			, , , , , ,	Y
ement For: Primary General  Other (specify)   Date of Public Distribution/Dissemination  M M M / 27 2015  Amount  2058.41  Date of Disbursement or Obligation  M M M / 26 2015  Cought: House District: 00  resident Senate State: IA  ement For: Primary General  Other (specify)   500.00	Sought:	House	District: 00	
Other (specify)   Date of Public Distribution/Dissemination  10 27 2015  Amount  2058.41  Date of Disbursement or Obligation  10 26 2015  Cought: House District: 00  resident Senate State: IA  ement For: Primary General  Other (specify)   500.00	resident	Senate	State: NH	
Date of Public Distribution/Dissemination  M M M / D D / Y 2015  Amount  2058.41  Date of Disbursement or Obligation  M M M M D 26 / 2015  Sought: House District: 00  resident Senate State: IA  ement For: Primary General  Other (specify)	ement For	r: X Prima	ry Gene	eral
Amount  2058.41  2015  2015  2015  2015  2015  2015  2016  2017  2017  2018  2018  2019	Other	(specify) ▶ _		
Amount  2058.41  2058.41  2058.41  2058.41  2058.41  2058.41  2015  2015  2015  2015  2015  2015  2016  2017  2017  2018  2018  2019	Date of Pu	ublic Distributio	on/Disseminatio	n
ansaction ID : SE.4181 Date of Disbursement or Obligation  M M M / D 26 / 2015  Sought: House District: 00  resident Senate State: IA  ement For: ✓ Primary General  Other (specify) ▶  500.00				Y
ansaction ID : SE.4181 Date of Disbursement or Obligation  M 10	Amount			
Ansaction ID: SE.4181 Date of Disbursement or Obligation  M				
Sought: House District: 00 resident Senate State: IA ement For: Primary General Other (specify)   500.00		n ID : SE.4181		
resident Senate State: IA  ement For: Primary General  Other (specify)   500.00	M = M	/ D D	/ Y Y Y	Y
resident Senate State: IA  ement For: Primary General  Other (specify)   500.00	Soriapt.	House	District: 0	0
ement For:	President			
Other (specify) ▶				eral
500.00	_	•		
500.00				
		, ,	500.00	
				_
				$\neg$

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y
Full Name of Payee MARGUERITE LUKSIK, PHD	Date of Public Distribution/Dissemination
	09 29 2015
Mailing Address 206 HABICHT STREET	Amount
City State Zip Code	500.00
JOHNSTOWN PA 15906	Transaction ID : SE.4220  Date of Disbursement or Obligation
Purpose of Expenditure GUEST SPEAKER FOR 9/29 TELETOWN HALL EVENT  Category/ Type  004	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
DONALD LIBRING	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Dis 201	
	Other (specify) ►
Full Name of Payee PRECISION DATA MANAGEMENT	Date of Public Distribution/Dissemination
[MEMO ITEM] Mailing Address	10 27 2013
2000 EDMUND HALLEY DR	Amount
SUITE 250  City State Zip Code	2058.41
RESTON VA 20191	Transaction ID : SE.4181  Date of Disbursement or Obligation
Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type  004	10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District:00
DONALD LITPLIMD	President Senate State: IA
	sbursement For: X Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
SCOTT B MACKENZIE  [Electronically Filed]  Date	01 12 2016
Signature	

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4181

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.97 ON 10/28/2015.

# S

SCOTT B MACKENZIE

Signature

	CHEDULE E (FEC Form 3X)	
TΕ	EMIZED INDEPENDENT EXPENDITURES	PAGE 50 OF 66 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
F	PATRIOTS FOR TRUMP	C C00586826
Ch	neck if 24-hour report 48-hour report New report Amends report filed	d on
	Full Name of Payee PRECISION DATA MANAGEMENT [MEMO ITEM]	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2000 EDMUND HALLEY DR SUITE 250	Amount
	City State Zip Code	2058.40
	RESTON VA 20191	Transaction ID : SE.4185  Date of Disbursement or Obligation
	Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type 004	10 / 26 / Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	DONALD J TRUMP Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	PRECISION DATA MANAGEMENT  Mailing Address Coop FRMUND HALLEY PR	10 27 7 2015
	2000 EDMUND HALLEY DR SUITE 250	Amount
	City State Zip Code	1127.44
	RESTON VA 20191	Transaction ID : SE.4253  Date of Disbursement or Obligation
	Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type  004	10 26 2015
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	DONALD J TRUMP Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 2010	oursement For:  Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	1127.44
	(b) CURTOTAL of United in all Independent Fundamilians	
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
	(c) TOTAL Independent Expenditures	7 7 7
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	

[Electronically Filed]

2016

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### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4185

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.96 ON 10/28/2015.

Form/Schedule: SE Transaction ID: SE.4253

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.97 ON 10/28/2015.

	age# 201601129004470958 CHEDULE E (FEC Form 3)	٧)		
	EMIZED INDEPENDENT EXPEND			PAGE 52 OF 66 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
۲	PATRIOTS FOR TRUMP			C C00586826
Ch	neck if 24-hour report 48-hour	report New re	eport Amends repo	ort filed on
	Full Name of Payee PRECISION DATA MANAGEME	ENT		Date of Public Distribution/Dissemination
	Mailing Address 2000 EDMUND HALLE	Y DR		10 27 2015 Amount
	SUITE 250			7 HIOGH
	City	State	Zip Code	1127.44
	RESTON	VA	20191	Transaction ID : SE.4254  Date of Disbursement or Obligation
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	10 26 7 2015
	Name of Federal Candidate		X Support	Office Sought: House District:00
	DONALD J TRUMP		Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought		5415.60	Disbursement For: Primary General 2016
		, , , , ,		Other (specify) -
	Full Name of Payee			Date of Public Distribution/Dissemination
	PRECISION DATA MANAGE	EMENT		
				Date of Public Distribution/Dissemination  10 / 27 / 2015
	PRECISION DATA MANAGE			Date of Public Distribution/Dissemination
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE		Zip Code	Date of Public Distribution/Dissemination  10 / 27 / 2015
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON	Y DR	Zip Code 20191	Date of Public Distribution/Dissemination  M M M / 27 / Y 2015  Amount
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City	Y DR State	·	Date of Public Distribution/Dissemination  10 27 2015  Amount  930.97  Transaction ID : SE.4255
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure	Y DR State	20191  Category/ Type  004	Date of Public Distribution/Dissemination  M M M / 27 / 2015  Amount  930.97  Transaction ID: SE.4255  Date of Disbursement or Obligation  M M M / 28 / 2015
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure eMAIL VOTER CONTACT	Y DR State	20191 Category/	Date of Public Distribution/Dissemination  M M M / 27 / 2015  Amount  930.97  Transaction ID: SE.4255  Date of Disbursement or Obligation  M M M / 28 / 2015
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure eMAIL VOTER CONTACT  Name of Federal Candidate	Y DR State	Category/ Type 004	Date of Public Distribution/Dissemination  10
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure eMAIL VOTER CONTACT  Name of Federal Candidate DONALD J TRUMP  Calendar Year-To-Date	Y DR  State VA	Category/ Type 004  Support Oppose  49564.46	Date of Public Distribution/Dissemination    M
	PRECISION DATA MANAGE  Mailing Address 2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure eMAIL VOTER CONTACT  Name of Federal Candidate DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought	Y DR  State VA	Category/ Type 004  Support Oppose  49564.46	Date of Public Distribution/Dissemination    M
	PRECISION DATA MANAGE  Mailing Address  2000 EDMUND HALLE SUITE 250  City RESTON  Purpose of Expenditure eMAIL VOTER CONTACT  Name of Federal Candidate DONALD J TRUMP  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent	State VA  Expenditures	Category/ Type 004  Support Oppose  49564.46	Date of Public Distribution/Dissemination    M

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	01 /	12	/	2016
Signature						

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4254

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.97 ON 10/28/2015.

Form/Schedule: SE Transaction ID: SE.4255

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.97 ON 10/28/2015.

Signature

	CHEDULE E (FEC Form 3X EMIZED INDEPENDENT EXPENDI					PAGE 54	OF 66
NI/	AME OF COMMITTEE (In Full)					FOR LINE 24	4 OF FORM 3X
	AME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP				FEC I	IDENTIFICATIO	N NUMBER ▼
	ATTRIOTOT OR TROWN				C	C00586826	
Ch	neck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed on	M = M	/ D = D /	Y Y Y Y Y
	Full Name of Payee PRECISION DATA MANAGEME	NT		Da	M = M	lic Distribution/[	Y Y Y Y Y
	Mailing Address 2000 EDMUND HALLEY	DR		Am	10 nount	27	2015
	SUITE 250 City	State	Zip Code	— г			930.96
	RESTON	VA	20191			D: SE.4256 oursement or O	
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		10	28	2015
	Name of Federal Candidate		X Support	Office Sou	ught:	House [	District: 00
	DONALD J TRUMP		Oppose	X Pres	sident	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought		6346.56	Disbursen 2016	1	Primary pecify) ►	General
	Full Name of Payee	<u> </u>		Da		lic Distribution/l	Dissemination
	PRECISION DATA MANAGE	MENT			10 10 10 10 10 10 10 10 10 10 10 10 10 1	/ 05 /	2015
	Mailing Address 2000 EDMUND HALLEY	DR		An	nount		
	SUITE 250						4040.05
	City RESTON	State VA	Zip Code 20191			ID : SE.4240 oursement or O	1042.25
	Purpose of Expenditure LIST RENTALS		Category/ Type 004		11	30	2015
	Name of Federal Candidate		Support	Office Sor	uaht:	House I	District:00
	DONALD J TRUMP		Oppose	X Pre	- 1	Senate	State: NH
	Calendar Year-To-Date Per Election for Office Sought	7 7	33645.71	Disbursen 2016	1	Primary pecify) ►	General
	(a) SUBTOTAL of Itemized Independent E.	xpenditures					1973.21
	(h) QUIDTOTAL of Heitersined heden and out	. For an distance				7	
	(b) SUBTOTAL of Unitemized Independent	Expenditures		·· •	-		
	(c) TOTAL Independent Expenditures			•		-7-	-
	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorize					
	SCOTT B MACKENZIE			М	/ D = 1	/ / / /	Y

[Electronically Filed]

2016

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### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4256

THIS AMOUNT WAS REDUCED FROM \$2,150 AND WAS PAID IN TWO INSTALLMENTS: \$1,127.44 ON 10/26

AND \$930.97 ON 10/28/2015.

## SCHEDULE E (FEC Form 3X)

FEMIZED INDEPENDENT EXPENDITURES	PAGE 56 OF 66
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
PRECISION DATA MANAGEMENT	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 EDMUND HALLEY DR Amou	unt
SUITE 250	1040.05
City State Zip Code  RESTON VA 20191 Transa	1042.25 action ID : SE.4244
Date	of Disbursement or Obligation
Purpose of Expenditure LIST RENTALS  Category/ Type  004	11 30 7 2015
Name of Federal Candidate Support Office Sough	ht: House District: 00
DONALD J TRUMP  Oppose  Presid	
Calendar Year-To-Date Disbursemen	
Per Election for Office Sought 76863.62 2016	Other (specify)
	of Public Distribution/Dissemination
TELE-TOWN HALL LLC	M = M / D = D / Y = Y = Y
[MEMO ITEM] Mailing Address 4000 N FAIRFAX DRIVE	09 29 2015
4600 N FAIRFAX DRIVE Amou	unt
SUITE 802 City State Zip Code	4673.59
ARLINGTON VA 22203 Transa	action ID : SE.4125 of Disbursement or Obligation
Purpose of Expenditure	11 06 7 2015
Name of Federal Candidate Support Office Soug	ht: House District: 00
DONALD J TRUMP Oppose Presid	
Calendar Year-To-Date Disburseme	
Per Election for Office Sought 58910.23 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1042.25
(b) SUBTOTAL of Unitemized Independent Expenditures	17117117
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	•
SCOTT B MACKENZIE  [Electronically Filed] Data 01	12 2016
Signature Date U1	

### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4125

The original estimated expense (\$4,400.00) was short by \$273.59 and the Tele-Town Hall event was paid for in three parts: \$3,944.14 on 11/06, paid by InfoCision Management Corp; \$500 on 11/10/2015 paid by the committee to Dr. Marguerite Luksik, who served as the guest speaker; and \$229.45 was paid to AMEX for room charge, meal and mileage expenses.

Form 3A)				
T EXPENDITURES	PAGE	58	OF	66
	FOR LI	NE 24	OF FO	RM 3X

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP		
		C C00586826
Check if 24-hour report 48-hour report New re	eport Amends repo	ort filed on
Full Name of Payee		Date of Public Distribution/Dissemination
TELE-TOWN HALL LLC [MEMO ITEM]		09 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4600 N FAIRFAX DRIVE		
SUITE 802		Amount
City State	Zip Code	4673.59
ARLINGTON VA	22203	Transaction ID : SE.4126 Date of Disbursement or Obligation
Purpose of Expenditure VOTER RECRUITMENT FOR NEW HAMPSHIRE PRIMARY	Category/ Type 004	11 / 06 / Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
DONALD J TRUMP	Oppose	President Senate State: NH
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	15692.33	2016 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
TMA DIRECT INC		09 / P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 EDMUND HALLEY DR	-	
SUITE 250		Amount
City State	Zip Code	750.00
RESTON VA	20191	Transaction ID : SE.4109  Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M - M / D - D / Y - Y - Y
eMAIL VOTER CONTACT	Type 004	09 22 2015
Name of Federal Candidate	Support	Office Sought: House District: 00
DONALD J TRUMP	Oppose	President Senate State: IA
Calendar Year-To-Date		Disbursement For:  Primary General
Per Election for Office Sought	0.00	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	01 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

### : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4126

The original estimated expense (\$4,400.00) was short by \$273.59 and the Tele-Town Hall event was paid for in three parts: \$3,944.13 on 11/06, paid by InfoCision Management Corp; \$500 on 11/10/2015 paid by the committee to Dr. Marguerite Luksik, who served as the guest speaker; and \$229.46 was paid to AMEX for room charge, meal and mileage expenses.

#### S П

SCOTT B MACKENZIE

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 60 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	
	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee TMA DIRECT INC  [MEMO ITEM]  Mailing Address  2000 EDMUND HALLEY DR  SUITE 250	Date of Public Distribution/Dissemination  M M O D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	750.00
RESTON VA 20191	Transaction ID : SE.4110  Date of Disbursement or Obligation
Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type  004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary General  Other (specify)
Full Name of Payee TMA DIRECT INC  [MEMO ITEM]  Mailing Address  2000 EDMUND HALLEY DR	Date of Public Distribution/Dissemination  10 22 4 2015  Amount
SUITE 250  City State Zip Code	500.00
RESTON VA 20191	Transaction ID : SE.4170  Date of Disbursement or Obligation
Purpose of Expenditure eMAIL VOTER CONTACT  Category/ Type  004	10 21 2015
Name of Federal Candidate Support Offic	e Sought: House District: 00
DONALD J TRUMP Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	

[Electronically Filed]

2016

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#### S П

SCOTT B MACKENZIE

Signature

36	CHEDULE E (FEC For	m 3X)		
ΓE	EMIZED INDEPENDENT EX	PENDITURES		PAGE 61 OF 66 FOR LINE 24 OF FORM 3X
\I/	AME OF COMMITTEE (In Full)			
	PATRIOTS FOR TRUMP			FEC IDENTIFICATION NUMBER ▼
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C C00586826
Ch	neck if 24-hour report 48	3-hour report New rep	port Amends repo	ort filed on
	Full Name of Payee			Date of Public Distribution/Dissemination
	TMA DIRECT INC			10 22 7 2015
	Mailing Address 2000 EDMUND			10 22 2010
		TALLET DR		Amount
	SUITE 250 City	State	Zip Code	500.00
	RESTON	VA	20191	Transaction ID : SE.4173  Date of Disbursement or Obligation
	Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
	eMAIL VOTER CONTACT		Type 004	10 21 2015
	Name of Federal Candidate		X Support	Office Sought: House District:00
	DONALD J TRUMP		Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sough	ıt ,	183.79	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	Full Name of Payee TMA DIRECT INC [MEMO ITEM] Mailing Address 2000 EDMUND	HALLEY DR		Date of Public Distribution/Dissemination  M M M / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUITE 250	State	Zip Code	334.82
	RESTON	VA	20191	Transaction ID : SE.4180  Date of Disbursement or Obligation
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	10 21 2015
	Name of Federal Candidate			Office Sought: House District: 00
	DONALD J TRUMP		Support	Office Sought. Trouse District.
	DONALD 3 TROWN		Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sougl	nt	13530.06	Disbursement For: Primary General 2016 Other (specify)
	(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		0.00
	(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		•
	(c) TOTAL Independent Expenditu	res		. •
		on of, any candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

2016

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NAME OF COMMITTEE (In Full)

#### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 62 OF 66 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00586826						
M / D D / Y Y Y Y Y						
of Public Distribution/Dissemination						
10 27 2015						
nt						
334.81						
ction ID : SE.4183 of Disbursement or Obligation						
10 21 2015						
t: District: 00						
ent Senate State: NH						
t For: X Primary General						
ther (specify) ▶						
of Public Distribution/Dissemination						
09 / 22 / 2015						
M = M / D = D / Y = Y = Y						
09 / 22 / 2015						
09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
09 / 22 / 2015 int 750.00						
op / 22 / 2015  Int  750.00  Iction ID : SE.4228  of Disbursement or Obligation						
nnt  750.00  action ID : SE.4228 of Disbursement or Obligation  10  21  2015						
750.00  Int  750.00  Int  750.00  Int  750.00  Int  10  10  10  10  10  10  10  10  10  1						
not 750.00  Interior ID: SE.4228 of Disbursement or Obligation  10 21 2015  It: House District: 00  ent Senate State: IA						
750.00  Inti						
750.00  Inti						
op 22 / 2015  Int  750.00  Intiction ID: SE.4228 of Disbursement or Obligation  10 / 21 / 2015  Int: House District: 00  Internal Senate State: IA  Internal For: Primary General  Other (specify)						
op 22 / 2015  Int  750.00  Intiction ID: SE.4228 of Disbursement or Obligation  10 / 21 / 2015  Int: House District: 00  Internal Senate State: IA  Internal For: Primary General  Other (specify)						
750.00  Iction ID: SE.4228 of Disbursement or Obligation  10						

PATRIOTS FOR TRUMP Amends report filed on Check if 24-hour report 48-hour report New report Full Name of Payee Date TMA DIRECT INC [MEMO ITEM] Mailing Address 2000 EDMUND HALLEY DR Amou SUITE 250 State Zip Code City VA RESTON 20191 Transa Date Purpose of Expenditure Category/ eMAIL VOTER CONTACT 004 Type Name of Federal Candidate X Support Office Sough DONALD J TRUMP Oppose X Preside Disbursemen Calendar Year-To-Date 2016 183.79 Per Election for Office Sought 0 Full Name of Payee Date TMA DIRECT INC Mailing Address 2000 EDMUND HALLEY DR Amou SUITE 250 Zip Code City State **RESTON** VA20191 Transa Date Purpose of Expenditure Category/ 004 eMAIL VOTER CONTACT Type Name of Federal Candidate X Support Office Sough DONALD J TRUMP Oppose X Preside Disbursemen Calendar Year-To-Date 14780.06 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 01 12 2016 Date Signature

Signature

## SCHEDULE E (FEC Form 3X)

	CHEDOLL L (FLC FOIII 3X)					
TE	EMIZED INDEPENDENT EXPENDITURE	ES			PAGE 63 OF 66 FOR LINE 24 OF FORM 3X	
NΑ	AME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼	
Ρ	PATRIOTS FOR TRUMP			C	C00586826	
Ͻh	neck if 24-hour report 48-hour report	New re	report Amends repo	rt filed on	/ D = D / Y = Y = Y	
	Full Name of Payee TMA DIRECT INC			Date of Publ	lic Distribution/Dissemination	
	Mailing Address			09	22 2015	
	2000 EDMOND HALLEY DR			Amount		
	SUITE 250		7:- Oada		750.00	
	City RESTON	State VA	Zip Code 20191	Transaction I	-	
	Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004	Date of Disc	oursement or Obligation  21 2015	
	Name of Federal Candidate				00	
	DONALD J TRUMP		Support	Office Sought:	House District: 00	
			Oppose	President  Disbursement For:	Senate State: NH    Primary   General	
	Calendar Year-To-Date Per Election for Office Sought		1433.79	Disbursement For: 2016 Other (s	Frimary General Specify) ▶	
	Full Name of Payee			Date of Pub	olic Distribution/Dissemination	
	TMA DIRECT INC			10	/ D D / Y Y Y Y Y Y Z Y Z Y Z 2015	
	Mailing Address 2000 EDMUND HALLEY DR			Amount		
	SUITE 250					
	City RESTON	State VA	Zip Code 20191	Transaction I	500.00 ID : SE.4245	
	Purpose of Expenditure				bursement or Obligation	
	eMAIL VOTER CONTACT		Category/ Type 004	10	21 / 2015	
	Name of Federal Candidate		Support	Office Sought:	House District:00	
	DONALD J TRUMP		Oppose	President	Senate State: IA	
	Calendar Year-To-Date	<del></del> -	15280.06	Disbursement For:	Primary General	
	Per Election for Office Sought	-	13200.00		specify) ►	
	Company of the Annual Indonesia and Evenend	<del></del> .			1050.00	
	(a) SUBTOTAL of Itemized Independent Expendi	tures		• •	1250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures			<b>&gt;</b>	4 4	
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	SCOTT B MACKENZIE	[Electr	ronically Filed] Date	01 / 12	2016	
	Cianatura		Date			

TEMIZED INDEPENDENT EXPENDITUR	IES			PAGE 64 OF 66 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
PATRIOTS FOR TRUMP						
				C C00586826		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y		
Full Name of Payee			Date	of Public Distribution/Dissemination		
TMA DIRECT INC			Г	10 22 2015		
Mailing Address 2000 EDMUND HALLEY DR			Amou	unt		
SUITE 250						
City	State	Zip Code		500.00		
RESTON	VA	20191		of Disbursement or Obligation		
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ Type 004		10 21 2015		
Name of Federal Candidate		Support	Office Sough	ht: House District:00		
DONALD J TRUMP		Oppose	X Presid	lent Senate State: NH		
Calendar Year-To-Date			Disbursemer	nt For: X Primary General		
Per Election for Office Sought		1933.79	2016	Other (specify)		
Full Name of Payee			Date	of Public Distribution/Dissemination		
TMA DIRECT INC				10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2000 EDMUND HALLEY DR				10 27 2013		
SUITE 250			Amoi	unt		
City	State	Zip Code	ΠГ.	334.82		
RESTON	VA	20191		action ID : SE.4248 of Disbursement or Obligation		
Purpose of Expenditure eMAIL VOTER CONTACT		Category/ 004		M - M / D - D / Y - Y - Y		
GWAIL VOTER CONTACT		Type 004		10 21 2015		
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00		
DONALD J TRUMP		Oppose	X Presid	dent Senate State: IA		
Calendar Year-To-Date		45044.00	Disburseme	nt For: X Primary General		
Per Election for Office Sought		15614.88	2016	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. •	834.82		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
(0)			•			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
SCOTT B MACKENZIE	[Flectron	ically Filed]	M M /	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	<sub>L</sub> Zicci on	Date	9 01	12 2016		

Signature

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SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 65 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y Y Y Y Y
TMA DIRECT INC	f Public Distribution/Dissemination
Mailing Address	10 27 2015
2000 EDMUND HALLEY DR SUITE 250 Amoun	t
City State Zip Code	334.81
1:=2:2:	tion ID : SE.4249  f Disbursement or Obligation
	10 / 21 / 2015
Name of Federal Candidate Support Office Sought	: House District:00
DONALD J TRUMP Oppose Preside	nt Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Ort	For:
	f Public Distribution/Dissemination
TMA DIRECT INC	10 05 2015
Mailing Address 2000 EDMUND HALLEY DR Amour	
SUITE 250	
City State Zip Code	150.00
Date o	ction ID : SE.4239 f Disbursement or Obligation
	10 26 7 2015
Name of Federal Candidate Support Office Sought	: House District:00
DONALD J TRUMP Oppose Preside	nt Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016 Ot	For:
(a) SUBTOTAL of Itemized Independent Expenditures	484.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
SCOTT B MACKENZIE	D D / Y Y Y

[Electronically Filed]

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Signature

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	PAGE 66 OF 66
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) PATRIOTS FOR TRUMP	FEC IDENTIFICATION NUMBER ▼
PATRIOTS FOR TRUMP	C C00586826
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name of Payee TMA DIRECT INC	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 EDMUND HALLEY DR	Amount
SUITE 250	
City State Zip Code	150.00
RESTON VA 20191	Transaction ID: SE.4243  Date of Disbursement or Obligation
Purpose of Expenditure DATA  Category/ Type	004 10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
DONALD J TRUMP Opposi	
Calendar Year-To-Date Per Election for Office Sought  17634.44	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Suppo	ort Office Sought: House District:
Oppos	
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
	Outer (speerly) >
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	122475.96
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
SCOTT B MACKENZIE	M M / D D / V V V

[Electronically Filed]

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Date

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